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New ways to lower LDL cholesterol

(from page 12)

Unfortunately aren't widely used, says Dr. O'Donoghue. "Although the price of these medications has dropped dramatically, cost has been one of the key barriers," she says. Most insurance companies won't cover the cost of PCSK9 inhibitors (which range from \$200 to \$500 or more per month) until you've tried other therapies without success. Another issue is that some people are frightened or disturbed by the thought of injections, especially when it comes to administering the shots themselves, says Dr. O'Donoghue. While the injections often cause redness and other skin reactions, those effects are usually mild and short-lived.

LDL-lowering drugs on the horizon

Experts are enthusiastic about enlicitide, the first PCSK9 pill, say Dr. O'Donoghue. "Although larger trials are still under way, enlicitide appears to be safe and well tolerated so far, without the muscle-related problems described with statins," she says. Also, many people may prefer the convenience of a daily pill over self-injections, even if the latter are

less frequent. A recent clinical trial involved people with familial hypercholesterolemia (FH), an inherited disorder marked by very high cholesterol levels, who were already taking LDL-lowering drugs. In these patients, enlicitide reduced LDL by nearly 60%.

The other investigational drug, obicetrapib, was originally developed to raise levels of HDL (and "good") cholesterol. But the drug also lowers LDL by nearly 30%, according to a recent trial done in people with FH or a history of heart disease who were taking other LDL-lowering drugs. Obicetrapib also helps lower levels of another particularly worrisome type of lipid particle known as lipoprotein(a) or Lp(a). Whether that would offer any additional benefit in terms of reducing heart-related problems isn't clear, says Dr. O'Donoghue.

Ultimately, both doctors and patients would like to see if these new therapies reduce the risk of cardiovascular crises such as stroke and heart attack. Those trials are ongoing, and results are expected in the coming years.



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2025 Safety in Spine Surgery Summit (from page 2)

Columbia and a program chair for the summit, who gave an update on robotic spine surgery safety guidelines and best practices.

Ronald Lehman, Jr., M.D., division chief of spine surgery at Ochs-Spine at NewYork-Presbyterian and Columbia, who discussed advancements on the horizon for robotic spine surgeries, including the impact of AI to help with pre-operative planning; the evolution of how robotic arms could be used; and advancements in software to help with screw placement.

Taemin Oh, M.D., director of pediatric neurosurgical scoliosis surgery at NewYork-Presbyterian Morgan Stanley Children's Hospital of Children's Hospital of New York and Ochs-Spine at NewYork-Presbyterian, who discussed his best practices for vertebral body tethering.

The keynote speaker was **Rex Marco, M.D.**, a spine surgeon and musculoskeletal oncologist at UTHealth Houston McGovern Medical School who became paralyzed six years ago after a cycling accident. Despite sustaining a C4-level spinal cord injury, Dr. Marco continues to teach and mentor residents. "He's really an inspiration and his talk served as a reminder of the unpredictability of life and the resilience required to move forward," says Dr. Vitale.

The Path Forward

As S3P and the summit enters its second decade, Dr. Vitale remains committed to collaborative progress. Future agendas will be selected based on the latest advancements in the field, but he foresees enabling technologies like robotics and enhanced navigation remaining hot topics.